

Status: Finalized

## I. Center Identification

Organization Name: CARMEL SPECIALTY SURGERY CENTER LLC

Street Address: 11590 N. Meridian St. Ste. 130

City: Carmel

County: Hamilton

Administrator Name: Tracy Hankins

Administrator Email: tgoodin@carmelspecialty.com

ASC Web Address: carmelspecialty.com

Fiscal Year: 2016

Accredited: • Yes • No

Name of Accrediting Body: AAAHC

Deemed Status: • Yes • No

Corporate Tax Status: • For Profit • Non Profit

## II. Identification of Surgical Resources

| Number of operating rooms | 2 |  |
|---------------------------|---|--|
| Number of procedure rooms | 1 |  |

## III. Utilization Statistics

| A. Total Patients and Procedures              |                    |                      |  |  |
|---|--------------------|----------------------|--|--|
| Time Period                                   | Number of Patients | Number of Procedures |  |  |
| Persons Served in twelve-month period         | 2214               | 6354                 |  |  |
| B. Ten Most Frequent Surgical Procedures Perf | ormed              |                      |  |  |
| CPT Code                                      |                    | Total Procedures     |  |  |
| 69436   |                    | 252                  |  |  |
| 64721   |                    | 173                  |  |  |
| 26055   |                    | 77                   |  |  |
| 42826   |                    | 74                   |  |  |
| 42820   |                    | 72                   |  |  |
| 29827   |                    | 66                   |  |  |
| 29881   |                    | 54                   |  |  |

| 31255 | 49 |
|-------|----|
| 30520 | 48 |
| 29880 | 44 |

## IV. Outcomes from Surgical Procedures

| Number of patients with a Post-Surgical wound infection within 30 days following | 1 |
|--|---|
| a surgical encounter.  |   |